PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10705882

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
			(Column 1)		(Column 2)			TYPE		OR	SMALL	ENTITY	
TOTAL CLAIMS			4					RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			H minus 20= 1		*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 = *		*			X43=		OR	X86=		
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESĖNT ————————————————————————————————————					+145=		OR	+290=	·	
* If	the difference	in column 1 is	less than zero, enter "0" in c			olumn 2		TOTAL		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II										_	OTHER	THAN	
	· · · · · · · · · · · · · · · · · · ·	(Column 1)	(Column 2)			(Column 3)	٠.	SMALL	ENTITY	OR	SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	skerk.		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	·	=		X43=		OR	X86=		
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 4 4 5			+290=	·	
	•						L	+145=		OR	TOTAL		
								DDIT. FEE		OR	ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	·X\$18=		
	Independent	*	Minus	***		=		X43=	,	OR	X86=		
`_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									•			
•								+145=		OR	+290=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Colúmn 1)		(Colum	ın 2)	(Column 3)	•	• • •	•		·	·	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X43=			X86=		
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
										OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OPT TOTAL ADDIT. FEE													
		mber Previously Paid							ropriate box		•		